

New Brunswick Insulin Pump Program (NBIPP) Confirmation of Medical Eligibility for Glucose Sensor Coverage

The information collected below will be used to determine your client's eligibility for pump and pump supplies coverage under the New Brunswick Insulin Pump Program, managed and administered by the Department of Health and Vitalité Health Network. It may be used and disclosed in accordance with other provisions of the *Personal Health Information Privacy and Access Act*.

SECTION 1 - CLIENT INFORMATION

Client Name	
Legal Given Name(s)	Legal Last Name
NB Medicare #	Date of Birth
	<div style="display: flex; justify-content: space-around; font-size: small;"> JJ MM AAAA </div>

SECTION 2 – DEVICE AND SUPPLIES INFORMATION

Continuous Glucose Monitoring Requested
Sensors Requested:
<input type="checkbox"/> Dexcom <input type="checkbox"/> Medtronic™ Please specify model of sensor requested:
CGM System Components Requested:
Notes:

SECTION 3 – MEDICAL INFORMATION AND CONFIRMATION OF ELIGIBILITY

Note: Applications for CGM sensors must be approved by the client's regular health care provider who supports the management of their diabetes. This includes their diabetes specialist, GP/NP, or Certified Diabetes Educator in a diabetes clinic.

Medical Criteria													
Most recent A1c results: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">DD</td> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">MM</td> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">YYYY</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	DD	MM	YYYY				Most recent A1c results: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">DD</td> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">MM</td> <td style="border: 1px solid black; width: 30px; text-align: center; font-size: x-small;">YYYY</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	DD	MM	YYYY			
DD	MM	YYYY											
DD	MM	YYYY											
Number DKA Episodes:	Last 6 months: Last 12 months:												
Please confirm with a checkmark (✓) each of the following statements:													
<input type="checkbox"/> The client is regularly followed by the diabetes care provider/team and the client's care plan is reviewed at least 2 times per year. <input type="checkbox"/> The client (or parent/guardian) has sound knowledge of how to use sensor technology appropriately, including using the data from this technology to make safe and effective diabetes management decisions. <input type="checkbox"/> The client (or parent/guardian) agrees to share sensor information with the client's diabetes care provider/team to optimize diabetes management. <input type="checkbox"/> The client (or parent/guardian) agrees to complete a CGM start orientation offered via web-based learning, virtual or in-person instruction by a CGM-trained vendor representative. <input type="checkbox"/> The client (or parent/guardian) agrees to advise the NBIPP office if they discontinue use of their sensor technology.													
Diabetes Clinic Client Attends													
Location :													

Confirmation of Eligibility

<p>_____</p> <p>(Client's Name)</p>	<p>requires ongoing intensive insulin therapy and meets the medical eligibility criteria for Continuous Glucose Monitoring (CGM) under the New Brunswick Insulin Pump Program (NBIPP).</p>		
<p>_____</p> <p>Physician's Name (please print)</p>	<p>_____</p> <p>Physician's Signature</p>	<p>_____</p> <p>License #</p>	<p>_____</p> <p>Date</p>

If you require assistance or have questions with respect to this form, or about the collection, use, or disclosure of this information please contact NBIPP by phone toll free at 1- 855-655-5525; or by email NBIPP-PPINB@gnb.ca; or visit the NBIPP website: [New Brunswick Insulin Pump Program \(IPP\) \(gnb.ca\)](http://New Brunswick Insulin Pump Program (IPP) (gnb.ca))